Attorney Docket: 008312-0305297 Client Reference: T4HW-02S1576-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of: SUZUKI et al.

Confirmation Number: 6094

Application No.: 10/629,916

Group Art Unit: 2851

Filed: July 30, 2003

Examiner: KOVAL, Melissa J.

Title: PROJECTION DISPLAY DEVICE AND AIR BLOWING DEVICE

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 28, 2004, please amend the aboveidentified application as follows:

09/09/2004 SDAVIS 00000007 033975 10629916

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66.00 00

PATENT APPLICATION FEE DETERMINATION RECORD 0629916 Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 2) TYPE ___ OR SMALL ENTITY (Column 1) **TOTAL CLAIMS** FEE RATE FEE RATE BASIC FEE BASIC FEE 770.00 385.00 FOR NUMBER FILED NUMBER EXTRA OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X86= X43= OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR 1770 OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST 8/27/04 CLAIMS ADDI-ADDI-NUMBER REMAINING PRESENT RATE TIONAL RATE TIONAL PREVIOUSLY MENDMENT AFTER **EXTRA** FEE FEE **AMENDMENT** PAID FOR 20 O X\$18= Minus X\$9=Total OR 2 4 Minus Independent 86.00 X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL SC.00 OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE PREVIOUSLY ENT **EXTRA AFTER** FEE FEE AMENDMENT PAID FOR ENDM X\$18= Minus Total X\$ 9= OR Independent Minus *** X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT O REMAINING RATE TIONAL RATE TIONAL **PREVIOUSLY** MENT **EXTRA** AFTER FEE FEE PAID FOR AMENDMENT Minus X\$18= Total ** X\$ 9= OR Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT. FEE **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number